

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 1 4

2. STATE:

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.10

7. FEDERAL BUDGET IMPACT:

a. FFY 2000/2001 \$ 0
b. FFY 2001/2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 1.2D Responsibilities for Title XIX
Eligibility Determinations
Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

1.2D Responsibility for Title XIX
Eligibility Determinations
Pages 1-4

10. SUBJECT OF AMENDMENT:

Descriptions of Eligibility Agencies

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

September 26, 2001

16. RETURN TO:

AHCCCS
Mail Drop 4200
801 East Jefferson
Phoenix, AZ 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 1, 2001

18. DATE APPROVED:

October 27, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:



Jane Dee Hull
Governor

Phyllis Biedess
Director

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
Committed to Excellence in Health Care

September 26, 2001

Linda Minamoto
Associate Regional Administrator
Division of Medicaid
Health Care Financing Administration
75 Hawthorne Street, 5th Floor
San Francisco, California 94105

Dear Ms. Minamoto:

Enclosed is State Plan Amendment (SPA) 01-014, which amends Attachment 1.2-D. The amendment describes the agencies determining eligibility for Title XIX.

If you have any questions about the enclosed SPA, please contact me at (602) 417-4447.

Sincerely,

Lynn Dunton
Assistant Director
Office of Policy Analysis and Coordination

Enclosure

Responsibility for Title XIX Eligibility Determinations

INTRODUCTION

In Arizona, all Title XIX eligibility determinations are made by the Arizona Department of Economic Security (DES), the Social Security Administration (SSA) or AHCCCS. Title XIX determinations are consistent with federal laws and regulations, state statutes and rules, Title XIX State Plan, Arizona 1115 Waiver, the intergovernmental agreement (IGA) between AHCCCS and DES and the 1634 agreement between AHCCCS and SSA.

ELIGIBILITY AGENCIES**Arizona Department of Economic Security (DES)**

DES staff in two divisions, the Division of Benefits and Medical Eligibility (DBME) and the Division of Children, Youth and Families (DCYF), performs the acute care eligibility determinations for children, families, and single adults who are not aged, blind or disabled.

With the exception of foster care and adoption subsidy children, Title XIX DBME staff in 106 statewide local offices process Title XIX applications. In addition, Title XIX applications are accepted in community sites throughout Arizona. Sites include hospitals, FQHC's and certain Department of Health locations. Applications are also accepted by mail at both DES and AHCCCS.

DCYF staff conduct Title XIX eligibility determinations for children in the foster care and adoption subsidy programs.

Social Security Administration (SSA)

SSA provides AHCCCS with information on individuals who are eligible or ineligible for SSI cash via the File Transfer Protocol. The agreement between AHCCCS and SSA provides for the transfer of eligibility information.

AHCCCS - Division of Member Services (DMS)

DMS is responsible for determining TXIX eligibility for ALTCS (Arizona Long Term Care System), Medicare Cost Sharing, and SSI non-cash persons. ALTCS and Medicare Cost Sharing applications are processed in 16 statewide local offices. If a client who applies in an ALTCS office is approved for SSI non-cash or Medicare Cost Sharing, the case is transferred to the AHCCCS SSI non-cash office.



**DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX**

75 Hawthorne Street
Suite 408
San Francisco, CA 94105

OCT 24 2001

Phyllis Biedess, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 01-014, which describes the agencies determining eligibility for Title XIX. I am approving this SPA with the requested effective date of October 1, 2001.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid

cc:

Joan Peterson, CMS, CMSO, FCHPG
Elliot Weisman, CMS, CMSO, PCPG (two copies) ✓